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VITAL STATISTICS—THE WHITE SLAVE OF SANITATION.*

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Vital statistics are almost universally recognized by practical sanitarians to be the absolutely necessary bases of all progressive, modern public health work. What we call State Medicine undoubtedly owes its origin to the systematic collection and study of the vital facts of human life first carried out in the splendid series of English reports of the Registrar-General begun by Dr. William Farr nearly eighty years ago (1837). Today it should scarcely require explanation or argument, especially before an audience of medical men—and women—to show that the city, state, or country that continues to dwell in ignorance of its exact sanitary condition, as shown by absolutely reliable vital statistics, is an anachronism, a relic of the dark ages, fitter for association with those who still believe in witchcraft and amulets than with the scientific sanitarians of the present day.

It is unnecessary, but I love to quote the emphatic declaration of Doctor Fulton, Secretary-General of the International Congress on Tuberculosis and of the International Congress of Hygiene and Demography, the accomplished and experienced executive officer of the Maryland State Board of Health—a state, by the way, which in common with New York is now putting into effect a system of district sanitary supervisors or health officers, the results of which will undoubtedly be of much interest in connection with a similar plan of sanitary organization proposed for Michigan. Doctor Fulton said:

“Public hygiene is built upon, is controlled and directed by, and is everlastingly in debt to vital statistics. The might and the right to direct the future of preventive medicine, to make and to terminate contracts, to approve and reject risks, to test materials and methods, to invest means and distribute

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† Chief Statistician for Vital Statistics, 1906–14, U. S. Bureau of the Census, Department of Commerce.

profits, these things belong inalienably to vital statistics. Every wheel that turns in the service of public health must be belted to this shaft, otherwise preventive medicine must remain invertebrate and unable to realize the profits available from the magnificent offerings of collateral sciences. If the unborn historian of hygiene in the twentieth century shall find one anomaly more curious than any other, it will be that the twentieth century, opening with prodigious resources, immediately available, ran a third or half its course before these resources became so standardized that each unit of power might be accounted for in a definite scheme of vital statistics."

Today every public health official, every enlightened physician, every earnest social worker demands the aid of accurate vital statistics. The great life insurance companies are in the field for longer and better human life—not from selfish motives of saving dollars and cents through the prolongation of the lives and usefulness of their policyholders, but, as I believe, through the purest altruistic motives. As a sample of the splendid work performed by the statisticians and medical officers of prominent life insurance companies, Hoffman, Rittenhouse, Marsh, and many others, I may quote from a leaflet recently gotten out by Dr. Louis I. Dublin, Statistician of the Metropolitan, under the title, "Why States Should Support Vital Statistics."

Doctor Dublin says; "Vital statistics is a system of accounting for human life. Just as the business man gets accurate information for the proper management of his affairs, so the State should secure knowledge of the nature and extent of its vital resources. Without vital statistics, the State cannot know how best to safeguard the health and prosperity of its citizenship. Births, marriages and divorces, and cases of sickness and death are facts with which the modern State is most concerned. They correspond to the income and disbursements of the business man. A balance sheet properly kept—[note the words "properly kept"]—by the State shows whether or not progress is being made. . . . Statistics of sickness and death are among the community's chief means of preventing suffering and saving life. The health officer

must know where cases of contagious diseases are found; for only in this way can he check epidemics and protect the people. Death certificates tell the modern health officer just what are the chief weaknesses in his sanitary arrangements. Too many cases of typhoid fever point to a bad water supply, to an inadequate sewerage system, or to polluted milk. A large number of deaths from tuberculosis points out a distinct health policy to the community and tells definitely whether the facilities at hand are sufficient to cope with the situation. Today, no community can properly safeguard the health of its people if it has not at hand accurate and complete statistics of sickness and death."

"Accurate and complete statistics of sickness and death!" Have you accurate and complete statistics of sickness in Michigan? Are even your statistics of deaths—and of births also, because the exceedingly important ratio of infantile mortality depends upon complete registration of all births that occur—accurate and complete as they should be for the protection of the interests of all citizens of the state, and especially of the children born therein? Your answer must be No; and yet Michigan is far in advance of many states of the Union with respect to the registration of vital statistics, and was, at one time, thanks to that grand pioneer sanitarian whom, to the eternal disgrace of the state, Michigan has neglected to honor as he has well deserved, a leader not only in the United States but in the world in this most fundamental matter of statistics of sickness. I refer to Dr. Henry B. Baker, for many years Secretary of the Michigan State Board of Health. He put Michigan on the map in a sanitary sense, when doctors were quarrelling as to whether scarlet fever and diphtheria were infectious, and later arguing in a similar way about tuberculosis. "A prophet is not without honor save in his own country." Here is what Assistant Surgeon-General John W. Trask, United States Public Health Service, in his recently published monograph, "*Vital Statistics—A Discussion of What They Are and Their Use in Public Health Administration*," says of Doctor Baker's epoch-making work:

"Massachusetts and Michigan were pioneers in the collection of information regarding the prevalence of disease. . . .

"Early development in Michigan. The plan which the Massachusetts State Board of Health adopted in 1874 of furnishing postal-card blanks to voluntary correspondents for the purpose of collecting weekly information of the prevalence of disease was adopted by the Michigan State Board of Health in 1876. In its annual report for the year the State Board of Health in referring to the matter states, 'A knowledge of the nature and extent of prevalence of at least the several prominent diseases throughout the State has from the first organization of the board been considered desirable.'"

* * * * *

"The Michigan law seems to be the first one looking to the comprehensive collection of information in regard to the prevalence of disease, and for a number of years the work was carried on with intelligence and perseverance under the able supervision of Dr. Henry B. Baker, Secretary of the State Board of Health. Doctor Baker was truly a pioneer in this work and many years ahead of his time in his appreciation of its importance."

I believe that you will all concur with me in this magnificent tribute, from the head of the Government work in morbidity statistics, to Dr. Henry B. Baker, a citizen of Michigan. Ousted from the important office of executive health officer of Michigan by the agency of cheap and nasty political "workers"—I will not disgrace the name of "politician," which may be used in an honorable sense, by applying it to such Grylles, to whom the valuable reports and collections of sanitary and statistical documents made through many years by Doctor Baker were indeed "pearls"—they went to the junk-dealer or the bonfire—the record of Michigan, my native State, and whose honor is indeed dear to me, in the treatment of its pioneer sanitarian, is, and will be forever, a disgrace to the people of the State of Michigan, and to its medical profession—if they only realized, and thoroughly comprehended, what a grievous thing they have permitted to be done.

I have spoken with some feeling in this matter for I owe personally a very large debt to Doctor Baker. When I assumed the direction of the Michigan vital statistics back in '93 at a time when they were merely a laughing-stock for incom-

pleteness and general worthlessness, it was Doctor Baker to whom I turned for advice and helpful counsel in every emergency. You may recall, perhaps, at least some of the older members of this Society may recall, the first paper that I ever prepared for an audience on vital statistics, which was presented at the annual meeting of the Michigan State Medical Society at Grand Rapids in 1894, and discussed by Doctor Baker. From that date, with the help of Doctor Baker, Dr. George E. Ranney of Lansing, Dr. Leartus Connor of Detroit, Dr. Eugene Boise of Grand Rapids, Dr. A. W. Alvord of Battle Creek, and other members of this Society, began the movement which resulted in the passage of a modern vital statistics law for Michigan, a law which, in all essential details, was identical with what is now known as the "Model Law," recommended by the American Public Health Association, the American Medical Association, the Bureau of the Census, and now in practical and successful operation in a score of states—among which, I am glad to say, since January 1, 1914, may be numbered New York. And the Michigan law, in turn, was based largely upon the work of Dr. Elisha Harris of New York; so the circle returns.

I said that all modern public-health workers were convinced of the importance of accurate vital statistics as a basis for their efforts. Unfortunately, this statement is not quite true, at least for the United States. This country is far in the rear of other civilized nations with respect to vital statistics, due to the fact that each of the forty-eight sovereign states must legislate for itself. In going about the country during the past dozen years for the purpose of promoting the passage and enforcement of good registration laws, I have come upon some curious experiences. I am glad to say that the value of vital statistics is almost everywhere recognized; the growth of the registration area from about two fifths of the total population in 1900 to nearly two thirds in 1913 is evidence of this fact. Most of all, during very recent years, is the enthusiastic growth of registration territory in the South, an important portion of the country which, prior to 1911 when Kentucky was admitted, had no registration state. Now good laws are in effect in Virginia, North Carolina, Tennessee, Arkansas,

Mississippi, Louisiana, besides a bill passed by both branches of the South Carolina Legislature and still awaiting approval*—or rejection—by Governor Blease. Every state in the Union at the present time has some form of state law for this purpose, not always a good law but at least some legal recognition of the importance of vital statistics to the community, with one exception. That is the State of Georgia, and I hope that before this paper is presented, the earnest efforts of many citizens of that State and the able editorials and articles on the subject in a large proportion of the state press will be rewarded by the passage of a good law.

Curiously enough, Georgia, the most backward of all American states up to the present time with respect to the keeping of records of the births and deaths of its people, presents the only state sanitary organization that I have ever heard of to go on record as disparaging the practical value of vital statistics for sanitary work. The condition is so unique, and so amusing in these days of sanitary progress, that I may quote briefly from a long letter officially signed by Emory R. Park, M.D., Director Publicity Department of the Georgia State Board of Health, as printed in the *Atlanta Journal*, June 10, 1914, and also from a scathing editorial in the same issue by Mr. James R. Gray, under the caption "Remarkable!" from which it appears how far lay public sentiment may be in advance of benighted and fossilized so-called "professional" opinion.

Here are some gems from Doctor Park's contribution to sanitary and statistical science:

"We beg to state that in our opinion there is no more striking example of the fallacy of figures than in the collection of vital statistics. . . . we think it is of a great deal more importance to the health and treasury of Georgia for the commonwealth to provide county boards of health, county health officers, and money sufficient to enforce our health laws, than it would be for the state to spend several thousands of dollars annually in collecting mere figures which tend to show how many died of this and how many of that disease."

"While we do believe that vital statistics are of some value to public health officials in fighting disease, we most positively

* Approved September 1, 1914.

do not think that vital statistics are essential. While it would be convenient in some respects to be able to know that here so many died of this and there so many of that disease during such and such a period, still this luxury can be, at least for the present, dispensed with. We all know that preventable disease stalks in our midst constantly [possibly it would not “stalk” so constantly in your “midst” if you had a little precise information about its occurrence], and it is no more essential for the medical profession to know just how many died of such and such a cause in order to give the profession a correct point to work from in a campaign against disease than it is essential for lawyers and sheriffs to know just how many people were murdered last year to enable them to start or continue a campaign this year against crime.” [!]

Referring to Cabot’s and Oertel’s misunderstood criticisms of diagnoses of causes of death, which, so far as they are well-founded, apply with even greater force to those daily diagnoses employed by the physician for the treatment of disease, he says:

“Taking our population as a basis, one could easily [note the foolish word], from statistics gathered in other parts of the country [Georgia, a mere parasitic State, sucking nutriment from more progressive communities; the whole is a sad advertisement of health conditions in Georgia and a terrible arraignment of ignorant and incapable health direction]—since the proportion of error is quite as great as it would be here, and probably following the same general lines—in a few hours give to Georgia statistics that would be in every way as reliable as those that could be collected under present conditions.”

In which last remark I most cordially agree with Doctor Park, it being understood that the “present conditions” refers to collection by the state health authorities, concerning whom Doctor Park explicitly stated that the letter was prepared by “our desire to give to the people of Georgia the benefit of their board of health’s opinion on this subject, the importance of which is often inadvertently overrated.”

Says Mr. Gray, in editorial comment:

“Angels and ministers of grace defend us! Do business corporations regard book-keeping as a luxury? Shall the State

regard life-and-death book-keeping as a luxury? Is it merely a 'convenience' to know the extent and the area of particular diseases, to know whether they are diminishing or increasing, to know just where and how to direct health campaigns for the accomplishment of definite and enduring results?

* * * * *

"It is due our State Board of Health, as well as the rank and file of our people, that the Legislature establish a vital statistics bureau for Georgia. If it be audacious to insist upon this point, in the teeth of the highly original communication we publish elsewhere, we can only fall back upon the opinion of the State Medical Association, of national health authorities, of the national census bureau, and upon the example of forty-seven States who, in this respect, have left Georgia 'in the dark backward and abysm of time.'"*

So much for Georgia! But before you laugh, or at least before you laugh too consumedly, do you remember when physicians in Michigan were protesting against reporting scarlet fever and diphtheria? And bullying Doctor Baker and the State Board of Health because "consumption" had been made a reportable disease? Considerable water has gone under the mill since that time, but are you, as physicians, promptly reporting your cases of communicable diseases today, as required by law? Do you report all births within the limit set by law? And do you, as members of County Societies and of the great State organization, uphold the hands of the administrative officers of public health and vital statistics and demand that those laws be enforced, to the letter, with punishment of the negligent and lazy, even though they be your professional brethren in high standing, for the benefit of the people of the state?

It is not yet time to smile at other states!

While I think he is exceedingly misguided and uninformed, I admire Doctor Park's outspoken statement of his position and that of the Georgia State Board of Health, and greatly prefer it to the hypocrisy that talks long and, apparently, with earnestness of the "value of vital statistics," then nullifies or prevents all successful work in that direction for the

*A vital statistics bill was passed by the Georgia legislature August 7, 1914.

sake of personal or professional "graft." Or that, recognizing the need of accurate vital statistics in the state, permits political grafters to make patronage out of registration laws and to barter their enforcement for party or personal help.

Vital statistics has been more prostituted to base political ends than any other branch of public health work. This is why I chose the title for this paper—"Vital Statistics—the White Slave of Sanitation"—because the "rotten vital statistics" with which this country is afflicted are largely due to the lack of protection and encouragement for trained statistical workers, and security of tenure against the personal and political attacks often made as a result of conscientious enforcement of law. The medical profession is too often careless, perhaps deceived by some influential physician who assumes the right to violate the law at his will, and health officers and registrars are afraid, with reason, to do their manifest duty.

Whoever tampers with public health—and vital statistics, except perhaps in Georgia, is the absolutely necessary basis of public health—is a criminal. Doctor Vaughan has said, I believe, that when a death from typhoid fever occurs somebody ought to be considered a murderer and punished accordingly. Certainly, in my judgment, the members of a City Council who, knowingly and for their personal profit, delay the installation of a proper system of water supply, thereby causing needless deaths, are guilty of murder and should be treated with far greater severity than the criminal who slays in a moment of passion. And a great state medical organization, prating for years of the importance of vital statistics and knowing absolutely, as no competent sanitarian doubts for a moment, that reliable vital statistics means the saving of lives—what shall we think of medical men who defer, even for a month or a year, the effective registration of vital statistics in order to protect their semi-political organization and escape the mortification of renouncing the ineffective agencies with which they have gold-bricked their own state? Is true state love and patriotism dead that men care more for power and self-aggrandizing machinery than for human lives—at least their neighbors' children—that might be saved by using the results of effective registration of vital statistics? Give

me Doctor Park, in preference to such traitors to their state and to their profession, every time!

We are cultivating a keener sense for, and a sharper distaste of, graft with the passing of every year. Conditions that existed even a decade ago are unthinkable now. The public conscience is awakening, if not yet fully awake. Why here in this Capitol building, ten years ago, I well recall the scorn with which a member of the Legislature resented the imputation that the possession of railway passes might influence his vote, or at least his attitude, toward railway measures. And this year in Congress the 20-cent mileage (feature of the appropriation bill) was almost done away with. Graft may be defined as the obtaining of money, or other reward, for services not performed. It includes the farming-out of state employment, which should be strictly under a thoroughly enforced and protected civil service, to further the political or personal ends of individuals. It creeps in in unexpected places, in city, state, even in Federal government affairs. Why, do you know that this year, Anno Domini 1914, on the twentieth of July, the registration area of the United States—an area which it has taken many years of devoted work and hearty coöperation on the part of the Federal and State authorities to build up, was practically absolutely destroyed? I do not suppose that a single member of Congress knew of the gravity of the situation. Indeed, I do not know that since the foundation of the Government even one member of Congress has given a single moment of his time to the constructive consideration of the great problem, underlying all our efforts for efficient public-health work on a national scale in this country, of how shall the United States obtain effective registration of vital statistics for the country as a whole. Few indeed have given even the most casual consideration, and even the measures recommended by the American Medical Association were most defective in this important respect. While I believe that the problem will be solved, and that—as most particularly, in some very important respects, a problem of State Medicine—it will be solved by the National Department of Public Health which is sure, some day, to be established, while the present ignorance and indifference of the medical profes-

sion to this fundamental matter of thorough enforcement of registration laws continue, the experiment would be very dangerous. Vital statistics must be protected from graft, and the meanest kind of graft is the peddling of cheap appointments and the displacement of trained and conscientious workers in this field.

Graft is the payment for services not rendered. When the Michigan State Medical Society went before the Legislature in 1895 and 1897, through its committees, they took pains to declare that the proposed law was not for the special benefit of the doctors of the State; nay more, that it imposed certain duties upon physicians without giving them special compensation therefor. Experience has demonstrated that such compensation does not procure complete registration. But after the law was passed, committees of certain county societies procured an amendment giving physicians and midwives fifty cents for each birth. It did not improve the completeness of the returns to any extent if at all. While the individual physician may with propriety receive any fee granted him by state law, how does the organized profession stand with respect to the compensation paid for complete returns and the value therefor not delivered? Does it come under the definition of graft, and would it be well to appoint a committee to consider the propriety of using the whole force of this Society, State and County organizations alike, to "deliver the goods," or else cut out the belittling fee and support the authorities in the thorough enforcement of law, by means of the penalties thereof when found necessary?

Just as I left Albany I had the pleasure of receiving a copy of the splendid address of your President, Doctor Kiefer, and as I write I have just enjoyed the privilege of reading the remarks of Doctor Sawyer. The earnestness of these addresses, which I may take as representative of the active spirit of sanitary advancement now animating the Michigan State Medical Society, demands that I should render to you, as a loyal member of this Society and a citizen of Michigan—until the establishment of my residence in New York—the best information and judgment of which I am capable relative to the condition and conduct of the work in vital statistics in Michigan, my

native State, whose registration service I had the honor to establish and conduct for thirteen years prior to my service as Chief Statistician of the United States Census Bureau, which terminated on July 31, 1914.

Vital statistics in Michigan, as elsewhere, is an essential part of the public health administration. It can not be satisfactorily and successfully conducted except under medical direction as a part of the public health department of the State. All states in which this work has been separated from the public health service have seen their vital statistics undergo a species of dry-rot, in which the important duties of registration and use of vital statistics have degenerated into a mere perfunctory clerical, or political administration. Michigan has taken no part in recent years in the national advancement of vital statistics, and has failed to realize the benefits that would have been readily available as a result of the excellent Michigan law. The service has been prostituted to the dirty expedients of political requirements, and the wages of faithful workers have been diverted to the support of political parasites.

The remedy for this condition is reorganization, on a civil service basis if possible, but most emphatically with the absolute elimination of political favoritism and of those who have prostituted the public service for private ends; the establishment of the vital statistics work as an essential, fundamental, honored, and adequately equipped branch of the state health department; and I believe also most earnestly, from my experience in the administration of the New York law, with the organic coöperation of the district supervisors to be provided under a general public health law of the type of the Amberson bill. Under such conditions the sanitary and registration work of the State would again come rapidly to the front, and the rich dividends of human lives saved from disease and death would make us wonder why this step had been so long delayed.